



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2004
OF THE CONDITION AND AFFAIRS OF THE

Grand Valley Health Plan

NAIC Group Code	0000	0000	NAIC Company Code	95453	Employer's ID Number	38-2396958
(Current Period)		(Prior Period)				
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health []		Property/Casualty []		Dental Service Corporation []	
	Vision Service Corporation []		Other []		Health Maintenance Organization [X]	
	Hospital, Medical & Dental Service or Indemnity []		Is HMO, Federally Qualified? Yes [X]		No []	
Incorporated	12/03/1981		Commenced Business	02/05/1982		
Statutory Home Office	829 Forest Hills Ave SE			Grand Rapids, MI 49546		
		(Street and Number)		(City or Town, State and Zip Code)		
Main Administrative Office	829 Forest Hills Ave			616-949-2410-119		
		(Street and Number)		(Area Code) (Telephone Number)		
	Grand Rapids, MI 49546		616-949-2410-119			
		(City or Town, State and Zip Code)		(Area Code) (Telephone Number)		
Mail Address	829 Forest Hills Ave SE			Grand Rapids, MI 49546		
		(Street and Number or P.O. Box)		(City or Town, State and Zip Code)		
Primary Location of Books and Records	829 Forest Hills Ave			616-949-2410-116		
		(Street and Number)		(Area Code) (Telephone Number)		
	Grand Rapids, MI 49546		616-949-2410-116			
		(City or Town, State and Zip Code)		(Area Code) (Telephone Number)		
Internet Website Address	gvhp.com					
Statutory Statement Contact	ROBERTA LYNN FEHRLE			616-949-2410-116		
		(Name)		(Area Code) (Telephone Number) (Extension)		
	fehrler@gvhp.com		616-949-9948			
		(E-mail Address)		(FAX Number)		
Policyowner Relations Contact	829 Forest Hills Ave SE			616-949-2410		
		(Street and Number)		(Area Code) (Telephone Number) (Extension)		
	Grand Rapids, MI 49546		616-949-2410			
		(City or Town, State and Zip Code)		(Area Code) (Telephone Number) (Extension)		

OFFICERS

Name	Title	Name	Title
Roland Palmer	President	Thomas Schouten	Secretary
Craig Thompson	Treasurer	0 0 0 0	0

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Roland E Palmer	Thomas W Schouten	James T Kerby	Lucille I Grimm
Margaret Sudekum	Pamela L Silva	John B Miller	Herbert A Start
Kathy L Lentz	Craig D Thompson		

State ofMichigan.....
County ofKent.....

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Roland Palmer	Thomas Schouten	Craig Thompson
President	Sectary	Treasurer
Subscribed and sworn to before me this	a. Is this an original filing?	Yes [X] No []
15 day of 3, 2005	b. If no,	
	1. State the amendment number	
	2. Date filed	03/15/2005
	3. Number of pages attached	

Ruth Klinger
Notary Public
05/08/2005

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE Grand Valley Health Plan

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE Grand Valley Health Plan

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE Grand Valley Health Plan

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
	NONE			
0199999 Individually listed payables.....		0	0	0
0299999 Payables not individually listed				
0399999 Total gross payables		0	0	0

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

9999999 Totals	0	XXX	XXX	XXX
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EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	1,319,191		1,281,024	38,167	17,175	20,992
2. Medical furniture, equipment and fixtures	1,435,972		1,273,826	162,146	72,965	89,181
3. Pharmaceuticals and surgical supplies	400,879			400,879		400,879
4. Durable medical equipment						
5. Other property and equipment						
6. Total	3,156,042	0	2,554,850	601,192	90,140	511,052



ANNUAL STATEMENT FOR THE YEAR 2004 OF THE Grand Valley Health Plan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Grand Valley Health Plan 2. (LOCATION)

NAIC Group Code		0000		BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2004							NAIC Company Code		95453	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13		
			2	3												
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other		
Total Members at end of:																
1. Prior Year		18,597	209	16,727				1,661								
2. First Quarter		18,363	212	16,303				1,848								
3. Second Quarter		18,240	218	16,212				1,810								
4. Third Quarter		18,051	226	16,036				1,789								
5. Current Year		17,946	229	15,924				1,793								
6. Current Year Member Months		218,178	2,665	193,064				22,449								
Total Member Ambulatory Encounters for Year:																
7. Physician		17,129	236	14,775				2,118								
8. Non-Physician		68,989	949	59,510				8,530								
9. Total		86,118	1,185	74,285	0	0	0	10,648	0	0	0	0	0	0		
10. Hospital Patient Days Incurred		3,772	52	3,254				466								
11. Number of Inpatient Admissions		967	13	834				120								
12. Health Premiums Written.....		45,025,240	623,171	38,802,323				5,599,746								
13. Life Premiums Direct		0														
14. Property/Casualty Premiums Written.....		0														
15. Health Premiums Earned.....		45,025,240	623,171	38,802,323				5,599,746								
16. Property/Casualty Premiums Earned.....		0														
17. Amount Paid for Provision of Health Care Services		39,859,519	548,466	34,382,599				4,928,454								
18. Amount Incurred for Provision of Health Care Services		40,395,684	555,844	34,845,092				4,994,748								

(a) For health business: number of persons insured under PPO managed care products and number of persons under indemnity only products

30.MI



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REPORT FOR: 1. CORPORATION Grand Valley Health Plan 2. (LOCATION)

NAIC Group Code		0000		BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2004							NAIC Company Code		95453	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13		
			2	3												
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other		
Total Members at end of:																
1. Prior Year		18,597	209	16,727	0	0	0	1,661	0	0	0	0	0	0		
2. First Quarter		18,363	212	16,303	0	0	0	1,848	0	0	0	0	0	0		
3. Second Quarter		18,240	218	16,212	0	0	0	1,810	0	0	0	0	0	0		
4. Third Quarter		18,051	226	16,036	0	0	0	1,789	0	0	0	0	0	0		
5. Current Year		17,946	229	15,924	0	0	0	1,793	0	0	0	0	0	0		
6. Current Year Member Months		218,178	2,665	193,064	0	0	0	22,449	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:																
7. Physician		17,129	236	14,775	0	0	0	2,118	0	0	0	0	0	0		
8. Non-Physician		68,989	949	59,510	0	0	0	8,530	0	0	0	0	0	0		
9. Total		86,118	1,185	74,285	0	0	0	10,648	0	0	0	0	0	0		
10. Hospital Patient Days Incurred		3,772	52	3,254	0	0	0	466	0	0	0	0	0	0		
11. Number of Inpatient Admissions		967	13	834	0	0	0	120	0	0	0	0	0	0		
12. Health Premiums Written.....		45,025,240	623,171	38,802,323	0	0	0	5,599,746	0	0	0	0	0	0		
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written.....		0	0	0	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned.....		45,025,240	623,171	38,802,323	0	0	0	5,599,746	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned.....		0	0	0	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services		39,859,519	548,466	34,382,599	0	0	0	4,928,454	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services		40,395,684	555,844	34,845,092	0	0	0	4,994,748	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

SCHEDULE A - VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value, December 31, prior year (prior year statement)	1,317,872
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 11	(21,779)
2.2 Totals, Part 3, Column 7	0
3. Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	0
4. Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 14	0
4.2 Totals, Part 3, Column 9	0
5. Total profit (loss) on sales, Part 3, Column 14	0
6. Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 12	0
6.2 Totals, Part 3, Column 8	0
7. Amounts received on sales, Part 3, Column 11 and Part 1, Column 13	0
8. Book/adjusted carrying value at end of current period	1,296,093
9. Total valuation allowance	
10. Subtotal (Lines 8 plus 9)	1,296,093
11. Total nonadmitted amounts	82,892
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	1,213,201

SCHEDULE B - VERIFICATION BETWEEN YEARS

1. Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year	0
2. Amount loaned during year:	
2.1 Actual cost at time of acquisitions	
2.2 Additional investment made after acquisitions	0
3. Accrual of discount and mortgage interest points and commitment fees	
4. Increase (decrease) by adjustment	
5. Total profit (loss) on sale	
6. Amounts paid on account or in full during the year	
7. Amortization of premium	
8. Increase (decrease) by foreign exchange adjustment	
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	0
10. Total valuation allowance	
11. Subtotal (Lines 9 plus 10)	0
12. Total nonadmitted amounts	
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)	0

SCHEDULE BA - VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	762,387
2. Cost of acquisitions during year:	
2.1 Actual cost at time of acquisitions	
2.2 Additional investment made after acquisitions	0
3. Accrual of discount	
4. Increase (decrease) by adjustment	(3,738)
5. Total profit (loss) on sale	
6. Amounts paid on account or in full during the year	
7. Amortization of premium	
8. Increase (decrease) by foreign exchange adjustment	
9. Book/adjusted carrying value of long-term invested assets at end of current period	758,649
10. Total valuation allowance	
11. Subtotal (Lines 9 plus 10)	758,649
12. Total nonadmitted amounts	
13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	758,649

Schedule D - Part 1A - Section 1

NONE

Schedule D - Part 1A - Section 2

NONE

SCHEDULE DA - PART 2

Verification of SHORT-TERM INVESTMENTS Between Years					
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, prior year	1,028,940	0	0	1,028,940	0
2. Cost of short-term investments acquired	0				
3. Increase (decrease) by adjustment	14,193			14,193	
4. Increase (decrease) by foreign exchange adjustment	0				
5. Total profit (loss) on disposal of short-term investments	0				
6. Consideration received on disposal of short-term investments	0				
7. Book/adjusted carrying value, current year	1,043,133	0	0	1,043,133	0
8. Total valuation allowance	0				
9. Subtotal (Lines 7 plus 8)	1,043,133	0	0	1,043,133	0
10. Total nonadmitted amounts	0				
11. Statement value (Lines 9 minus 10)	1,043,133	0	0	1,043,133	0
12. Income collected during year	0				
13. Income earned during year	0				

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY

NONE

Schedule DB - Part D - VBY

NONE

Schedule DB - Part E - VBY

NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE Grand Valley Health Plan

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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Reinsurance Ceded to Unauthorized Companies

[illegible]

Schedule S-Part 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2004	2 2003	3 2002	4 2001	5 2000
A. OPERATIONS ITEMS					
1. Premiums.....	685	410	333	306	322
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		39,389	36,194	34,393	30,200
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....	510	262	988	800	598
7. Claims payable.....	39,792	3,878	3,478	4,114	0
8. Reinsurance recoverable on paid losses.....	563	587	525	108	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S-PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	8,114,984		8,114,984
2. Accident and health premiums due and unpaid (Line 12).....	510,446		510,446
3. Amounts recoverable from reinsurers (Line 13.1).....	563,316		563,316
4. Net credit for ceded reinsurance.....	XXX	563,316	563,316
5. All other admitted assets (Balance).....	1,694,727		1,694,727
6. Total assets (Line 26)	10,883,473	563,316	11,446,789
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	3,979,382	0	3,979,382
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	725,843		725,843
10. Reinsurance in unauthorized companies (Line 18).....	0		0
11. All other liabilities (Balance).....	1,356,063		1,356,063
12. Total liabilities (Line 22).....	6,061,288	0	6,061,288
13. Total capital and surplus (Line 30).....	4,822,184	XXX	4,822,184
14. Total liabilities, capital and surplus (Line 31)	10,883,472	0	10,883,472
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid.....	0		
16. Accrued medical incentive pool.....	0		
17. Premiums received in advance	0		
18. Reinsurance recoverable on paid losses	563,316		
19. Other ceded reinsurance recoverables	0		
20. Total ceded reinsurance recoverables	563,316		
21. Premiums receivable	0		
22. Unauthorized reinsurance	0		
23. Other ceded reinsurance payables/offsets	0		
24. Total ceded reinsurance payable/offsets	0		
25. Total net credit for ceded reinsurance	563,316		

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE Grand Valley Health Plan

SCHEDULE Y (continued)

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....

YES [] NO [X]
2.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....

YES [] NO [X]
3.

Will an actuarial certification be filed by March 1?.....

YES [] NO [X]
4.

Will the Risk-based Capital Report be filed with the NAIC by March 1?.....

YES [] NO [X]
5.

Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....

YES [] NO [X]
6.

Will the Life Supplement be filed the state of domicile and the NAIC by March 1?

YES [] NO [X]
7.

Will the Property/Casualty Supplement be filed the state of domicile and the NAIC by March 1?.....

YES [] NO [X]

APRIL FILING

8.

Will Management's Discussion and Analysis be filed by April 1?.....

YES [X] NO []
9.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?.....

YES [] NO [X]
10.

Will the Investment Risks Interrogatories be filed by April 1?

YES [] NO [X]

JUNE FILING

11.

Will an audited financial report be filed by June 1 with the state of domicile?


YES [X] NO []


EXPLANATIONS:


1.
2.
3.
4.
5.
6.
7.
9.
10.


BAR CODE:


1.



9 5 4 5 3 2 0 0 4 3 6 0 5 8 0 0 0
2.



9 5 4 5 3 2 0 0 4 4 6 0 0 0 0 0 0
3.



9 5 4 5 3 2 0 0 4 4 4 0 0 0 0 0 0
4.



9 5 4 5 3 2 0 0 4 3 9 0 0 0 0 0 0
5.


9 5 4 5 3 2 0 0 4 3 9 0 0 0 0 0 0
6.


9 5 4 5 3 2 0 0 4 2 0 5 0 0 0 0 0
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9 5 4 5 3 2 0 0 4 2 0 7 0 0 0 0 0
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